

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <u>101570909</u>	FILING DATE 
APPLICANT(S) 	

~~9/6/06~~

**CLAIMS**

4/6/00

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					